

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10645723

FILING DATE 8-21-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
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66						
67						
68						
69						
70						
71	1					
72		1				
73		1				
74		1				
75		4				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.		7				
TOTAL CLAIMS	1	7				